



Commissioner for Patents
Washington, DC 20231
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Bib Data Sheet

CONFIRMATION NO. 4687

SERIAL NUMBER 09/541,986	FILING DATE 04/03/2000 RULE	CLASS 482	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. EX-2DC4
APPLICANTS Shea Michael, Vienna, VA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/06/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u> </u> Allowance Examiner's Signature <u> </u> Initials <u> </u>		STATE OR COUNTRY VA	SHEETS DRAWING 9	TOTAL CLAIMS 5
INDEPENDENT CLAIMS 1				
ADDRESS Michael J Shea 1726 Creek Crossing Road Vienna, VA 22182				
TITLE METHOD OF DISPLAYING ADVERTISEMENTS TO AN EXERCISER				
FILING FEE RECEIVED 696	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

***BIBDATASHEET***

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APPLICANTS

Shea Michael, Vienna, VA;

** CONTINUING DATA *****

THIS APPN IS A CON OF 09/317,980 5/25/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/06/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY VA	SHEETS DRAWING 9	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature	Initials	

ADDRESS

Michael J Shea
1726 Creek Crossing Road
Vienna, VA
22182

TITLE

EXERCISE APPARATUS

FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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